

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031323

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4229

STATE FILE NUMBER

FILED SEP 4 1962

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| Length of stay in lb 1 day | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hosp. | | d. STREET ADDRESS (If outside, give location) 3511 GEORGIA | |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First WALTER Middle WILLIAM Last STEWART | | 4. DATE OF DEATH Month August Day 13 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 10-8-94 67 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Bolding, Kansas | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME John Stewart | | 13b. MOTHER'S MAIDEN NAME Ella Brushwood | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI | | 17. INFORMANT VA Hospital Official Records K.C. Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple pulmonary emboli with acute pulmonary infarction, bilateral DUE TO (b) Mural thrombosis of the right atrium DUE TO (c) Coronary arteriosclerosis, moderate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 8:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION VA Hospital, Kansas City, Mo. | |
| 20g. COUNTY Wyandotte County, Kansas | | 20h. STATE Kansas | |
| 21. VA attended the deceased from August 12, 1962 to August 13, 1962 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Virgilio Sangalang, MD | | 22b. ADDRESS VA Hospital, Kansas City, Mo. | |
| 22c. DATE SIGNED 8-14-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE August 16-62 | 23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Cemetery | 23d. LOCATION (City, town, or county) (State) Wyandotte County, Kansas |
| 24. FUNERAL DIRECTOR R.A. Fulton | | 25. DATE RECD. BY LOCAL REG. 8-15-62 | |
| ADDRESS Kansas City, Kansas | | 26. REGISTRAR'S SIGNATURE Ruth Song | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Fulton

Licensed Embalmer No. 3503

P. O. Address K. R. K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.